

## SUPERVISOR'S VERIFICATION OF SOCIAL WORK EXPERIENCE FOR MASTER'S SOCIAL WORKER LICENSE

Authority: 1978 PA 368

A separate form must be submitted directly to this office by each supervisor who is verifying your social work experience. If this form is submitted by the applicant, it will not be accepted.

The supervisor must be a Michigan licensed Master's Social Worker if the experience is gained in Michigan. If the social work experience is gained in another state, the supervisor must hold an equivalent license, certificate, or registration in that state. Work experience must have been earned while holding a limited license.

### Section of Form to be Completed by Applicant:

|                                                                                                                                                                                                                                |                |                                         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------------------------|
| Applicant's Name (First, Middle, Last)                                                                                                                                                                                         |                | 10-digit MI Permanent ID/License Number |
| Address                                                                                                                                                                                                                        |                | Date of Birth                           |
| City                                                                                                                                                                                                                           | State          | Zip Code                                |
| Telephone Number                                                                                                                                                                                                               | E-mail Address |                                         |
| Type of License you are applying for (check one or both):<br><br><div style="display: flex; justify-content: space-around;"> <span>Master's Social Worker – Clinical</span> <span>Master's Social Worker – Macro</span> </div> |                |                                         |

### Remainder of Form to be Completed by Supervisor:

|                                                                                                                                                                                                                                           |                                        |                                                                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|----------------------------------------------------------------------------------------------|
| Applicant's Place of Employment (Organization Name and Complete Address)                                                                                                                                                                  |                                        |                                                                                              |
| Supervisor's Name (First, Middle, Last)                                                                                                                                                                                                   | Registration/License/Credential Number | Date Issued                                                                                  |
| Level of Certification or Licensure or type of license/credential held at time you provided supervision                                                                                                                                   | Issuing jurisdiction/organization      | If applicable, did the Board approve your special supervisory situation? (if yes, give date) |
| Social Work function performed by the applicant (check one or both):<br><br><div style="display: flex; justify-content: space-around;"> <span>Master's Social Worker – Clinical</span> <span>Master's Social Worker - Macro</span> </div> |                                        |                                                                                              |

## CERTIFICATION AND SIGNATURE

I certify the applicant named above obtained social work experience under my supervision and while my license was in good standing. The qualifying experience was accumulated in not less than 16 hours per week and not more than 40 hours per week included either:

Clinical social work practice meaning the use of assessment, and treatment, and intervention methods that utilize a specialized and formal interaction between a social worker and an individual, a couple, a family, or a group in which a professional relationship is established. Clinical social work practice may include 1 or more of the following: advocating for care; protecting the vulnerable; providing forensic practice functions; increasing social well-being; providing education, and resources; providing psychotherapy; providing case management for complex and high-risk cases; serving on community committees; and, providing clinical supervision or direction of clinical programs.

**OR**

Macro Social work practice which includes, but is not limited to, community organizing; program planning and development; administration of community services or programs; assessment of client needs for macro community programs or services; coordination and/or evaluation of service delivery; advocacy on behalf of persons or groups with unmet service needs; analysis and development of social welfare policy; organizational analysis; and, provision of training about community needs and problems.

My supervision included at least four hours of supervisory review of active work functions and records, at least one hour of face-to-face individual supervision per month and any group supervision provided for at least 50% of the supervision to include individual contact during which active functions and records of the applicant were reviewed. I declare that the information contained in this document is true and correct.

I am certifying the applicant completed \_\_\_\_\_ **total hours** of social work experience  
(total # of hours)

beginning on \_\_\_\_\_ and ending on \_\_\_\_\_.  
(Month/Day/Year) (Month/Day/Year)

\_\_\_\_\_  
Signature and Title

\_\_\_\_\_  
Date